



Massachusetts Department of Environmental Protection

Fee Review/Hardship Request Form

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A written determination will be issued for both types of requests. Return this form along with the invoice remit slip and your payment to:

**DEP
Commonwealth
Master Lock
Box
P.O. Box 3584
Boston, MA
02241-3584**

A. Request

☐ **Fee Review Request** - The permit categories listed under "Description" on the front of this invoice represent the formal status of your permit(s) in the records of the Department at the beginning of the Fiscal Year on July 1, or for Environmental Results Program certifiers, the date the facility certified, on or before the certification due date. If you believe your permit has been assigned to the wrong category you may request a review on or before the payment due date on your original invoice. Please complete all of the required information below. **All review requests must be accompanied by payment in full of the amount of the fee due for the category you assert is appropriate.**

☐ **Hardship Request for Payment Plan** - In cases of severe financial hardship, you may request a payment plan. Please complete all of the required information below and provide us with a statement of the specific circumstances you believe constitute severe financial hardship; a proposed schedule for making payment. All requests to extend the time for making payment must be filed in writing on or before the due date on the front of the original invoice.

B. Required Information

1. Information as it appears on invoice or Invoice Information Correction Form:

Invoice Number	Dept. Customer Code	Customer Number
Permittee/Company Name	Secondary Name	
Mailing Address		
City	State	Zip Code
Facility Street Address (if different)		
City	State	Zip Code
Contact Name	Contact Phone Number	
Company Federal Employer ID Number (FEIN)		

2. Reason for fee Review request:

☐ Business Closed Prior to July 1 or Sept.15 for ERP Certifiers: Effective Date of Closure (mm/dd/yyyy)

☐ Incorrect Permit Fee Category ☐ Other: Explain

3. Fee category and amount on invoice being contested:

<u>Fee Category</u>	<u>\$</u>
	Amount On Invoice

4. Fee category and amount you assert is appropriate:

<u>Fee Category</u>	<u>\$</u>
	Amount



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C. Explanation

1. Please explain the reason that you believe the permit fee category change is appropriate or the specific circumstances you believe constitute severe financial hardship. Also include payment plan information and any additional comments below. You may attach additional pages as necessary:

D. Certification

I have examined this request and to the best of my knowledge and belief, all information supplied on this form is true, correct, and complete.

Attest:

Signature of Company Official

Print Name

Title

Date (mm/dd/yyyy)

STATEMENT OF BILLING RIGHTS *

INVOICE PAYMENT INFORMATION

Invoices unpaid by the payment date shown on the invoice will result in the issuance of notices of overdue payment (3) and notice of referral to debt collection and intercept of state payments. Interest will begin accruing on the day following the invoice payment date and will continue to accrue and be shown on subsequent notices.

REVIEW REQUESTS: (Please use the enclosed form)

The permit categories listed under "Description" on the front of the invoice for which you are being billed, represent the formal status of your permit(s) in the records of the Department as of the beginning of the Fiscal Year on July 1, or for Environmental Results Program certifiers, the date the facility certified, on or before the certification due date. If you believe your permit has been assigned to the wrong category you may request a review on or before the payment due date on the face of the invoice. **ALL SUCH REVIEW REQUESTS MUST BE ACCOMPANIED BY PAYMENT IN FULL OF THE AMOUNT OF THE FEE DUE FOR THE CATEGORY YOU ASSERT IS APPROPRIATE, OR YOUR REQUEST MAY BE DEEMED INVALID.** The request for review per 310 CMR 4.03(8) shall include the following:

- a. the permittee's name, site address, account #, FEIN # and invoice # (as shown on the face of the invoice);
- b. the permit fee category, the amount due for that category according to the invoice, and the due date of the fee you are contesting;
- c. the permit fee category you assert is appropriate;
- d. full amount of the fee for the category you are asserting is appropriate; and
- e. the reasons you believe another category is appropriate.

All review requests should be sent to the mailing address shown on the invoice Attention: Review Requests. In addition, the Remit Slip of the invoice **MUST** be included. A written determination of the correct permit status will be issued to you.

PREVIOUS BALANCE ONLY:

Inquiries regarding prior year's unpaid balances can be sent to the mailing address on this invoice.

HARDSHIP REQUESTS: (Please use the enclosed form)

All requests to extend the time for making payment shall be filed in writing on or before the due date on the front of the original invoice. The request for a hardship extension per 310 CMR 4.03(6) shall include the following information:

- a. the permittee's name, site address, account #, FEIN # and invoice # (as shown on the face of this invoice);
- b. the permit category (as shown on the face of this invoice);
- c. the fee amount due (as shown on the face of this invoice);
- d. the fee due date;
- e. a statement of specific circumstances you believe constitute several financial hardship;
- f. a proposed schedule for making payment;
- g. the reasons you believe the proposed schedule is appropriate.

All hardship requests should be sent to the mailing address shown on the invoice Attention: Hardship Requests. In addition, the remit slip of the invoice **MUST** be included. A written determination approving or denying a payment plan will be issued to you.

CONSEQUENCES OF NON-PAYMENT OR LATE PAYMENT:

Payment shall be made on the due date of the original invoice unless a review or hardship request is received by the due date. Payment based on the review request decision shall be due within 30 days from the date of the decision. Failure to pay in full shall result in suspension of the permit by operation of law. A permit shall be invalid during the period of any such suspension. Suspension of a permit shall constitute commencement of enforcement, which may result in revocation of the permit. Additionally, under the provision of 310 CMR 4.03(7)(e), the Department may deny any pending permit applications you may have filed.

Upon receipt of payment for the total due, the suspended permit shall be reinstated automatically.

If the permittee's failure to pay an annual compliance assurance fee continues for sixty days or more beyond the date on which the fee was due, the Department may revoke the permit. The Department shall notify the permittee of the revocation by certified mail or personal delivery to the address listed in the permit or permit application, or by any means provided for service of process. The revocation shall take effect on the date issued by the Department, or such other date as specified in the Department's notice.

The Department may publicly release the names of permittees whose permits have been suspended or revoked pursuant to 310 CMR 4.03(7)(c). In the event of untimely payment, interest shall be assessed on the balance due. Late filed review or hardship requests shall result in interest accruing.

Nothing in the above statements shall be construed to limit or bar the Department from assessing a penalty or taking other appropriate enforcement action for violation of a permit condition, order, or other requirement pursuant to any statute or regulation.

*** For annual compliance assurance fees pursuant to M.G.L.c.21A,s.18 and 310 CMR 4.00**